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Bib Data Sheet

CONFIRMATION NO. 6240

|  |   |                                    |   |  |                                |
|--|---|------------------------------------|---|--|--------------------------------|
| <b>SERIAL NUMBER</b><br>09/937,146   | <b>FILING DATE</b><br>11/15/2001<br><b>RULE</b>   | <b>CLASS</b><br>600                | <b>GROUP ART UNIT</b><br>3737   | <b>ATTORNEY DOCKET NO.</b><br>0459-0651P |                                |
| <b>APPLICANTS</b><br>Leif Ostergaard, Aabyhoj, DENMARK;<br><b>** CONTINUING DATA *****</b> <i>B.R.</i><br>THIS APPLICATION IS A 371 OF PCT/DK00/00140 03/23/2000<br>WHICH CLAIMS BENEFIT OF 60/126,322 03/26/1999<br><b>** FOREIGN APPLICATIONS *****</b> <i>B.R.</i><br>DENMARK PA 1999 00749 05/27/1999  |   |                                    |   |  |                                |
| Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no<br>35 USC 119 (a-d) conditions <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after<br>met Allowance -<br>Verified and <i>basashu</i> <i>by</i> <i>B.R.</i><br>Acknowledged Examiner's Signature Initials |   | <b>STATE OR COUNTRY</b><br>DENMARK | <b>SHEETS DRAWING</b><br>35   | <b>TOTAL CLAIMS</b><br>31                | <b>INDEPENDENT CLAIMS</b><br>1 |
| <b>ADDRESS</b><br>2292   |   |                                    |   |  |                                |
| <b>TITLE</b><br>Method for determining haemodynamic indices by use of tomographic data   |   |                                    |   |  |                                |
| <b>FILING FEE RECEIVED</b><br>1188   | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                                    | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |  |                                |